FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #

M96320

(0)

ILDEFONSO R. MAS, M.D. AND ASSOCIATES, P.A.

. District Disco					
Principal Piace of Business Mailing Address					. den dien gren meri bibli bibli Billi ifibr
3659 S MIAM MIAMI FL 331	II AVE. STE 6002 133	3659 S MIAMI AVE. I MIAMI FL 33133	STE 6002		
2 1 2 1 201	<u> </u>	· · · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualified 08/29/1988	3a. Date of Last Report 01/20/1995
2. Principal Pla	on of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	r ele	Suito Apt # etc		80-6564040	Not Applicable
2		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	7p	Country	This corporation has liability for its corporation as liability for its corporation as its liability for its corporation as its liability for its liabi	Added to Fees
24	25	29	30	1	□ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	Defonso R.		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	UTH MIAMI AVENUE, SUITE 6	002			
MIAMI FI	L 33133-1231		83		
			84 City		85 Zip Code
			11		PL
Or registers	ro agent, or both, in the State of Fio	rida. Such change was authori	ized by the corporation's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office
familiar with), and accept the obligations of, Sec	ction 607.0505, Florida Statute	is.	and or directors. Thorsely dodopt the appr	Sintiford as Togistered agent. Tall
SIGNATURE	<u> </u>				
12.	Signature, typica or princial name of registered ag-	nt and this it applicative (N ND DIRECTORS	OTE: Registered Agent signature require		DATE
Tiller	Orrigins A	NEI DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	<u></u>
NAM:	MAS, ILDEFONSO R.		1 1 Tille		Change Addition
STREET ADDRESS	3659 S MIAMI AVE, 6002		1 2 NAME		
1	MIAMI FL		1 3 STREET ADDRESS		
CODY-S1-ZIP TIBLE	MICMI FL	☐ DELETE	14 CITY - S1 - ZIP 2 1 TITLE		Change Addition
NAMI		Поиси	2 2 NAME		Change Addition
STREET ACCRESS			2.3 STHEET ADDRESS		
City - S1 - ZiP					
THUS		☐ DELETE	2 4 City - St - ZiP 3 1 Tifle		Change Addition
NAME .		<u></u>	3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City St ZiF			3.4 City - ST - ZiP		
TIFLE		DELETE	4.1 TITLE		Change Addition
NAME		_	4.2 NAME		
S. RELLADORESS			4 3 STREET ADDRESS		
OLY SEZIF			4.4 C/TY - ST - ZIP		
1II.F		DELETE	5 1 TITLE		Change Addition
MAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY-51-ZIP			5 4 CITY-ST-ZIP		
10.F		DELETE	6 1 THLE		Change Addition
NAME		<u> </u>	6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CL v. ST. ZIP			6 4 CITY-ST-ZIP		
14. Lda hereby	certify that the information supplied	with this filing is voluntarily fur	nished and does not qualify:	for the exemption stated in Section 119.	07(3)(k), Florida Statutes I further
certify that I oath; that I	the information indicated on this and	nual report or supplemental an poration or the receiver or trust	nual report is true and accura ee empowered to execute th	ate and that my signature shall have the is report as required by Chapter 607, Fk	same legal offect as if made under

Daytme Phone #